

FILED MAR 11 1949

#4574

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 6287

Registrar's No. 1974

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis, Mo.		c. LENGTH OF STAY (in this place) TOWNSHIP		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis Missouri		17	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.				d. STREET ADDRESS (If rural, give location) 1838 S 13th Street			
3. NAME OF DECEASED (Type or Print)		a. (First) EDWARD		b. (Middle) M.		c. (Last) HOFFA	
4. DATE OF DEATH (Month) (Day) (Year) Feb. 28th, 1949		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	
8. DATE OF BIRTH April 12 1874		9. AGE (In years last birthday) 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Iron Worker		11. BIRTHPLACE (State or foreign country) Brazil Indiana	
12. CITIZEN OF WHAT COUNTRY? U S		13a. FATHER'S NAME Jacob Hoffa		13b. MOTHER'S MAIDEN NAME Sara Ann Tate		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME James M Hoffa		ADDRESS 1838 S 13th Street	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 2/8/49 to 2/28/49, 19, that I last saw the deceased alive on 2/28/49, 19, and that death occurred at 10:25 PM, from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. J. P. Bryan M.D.</u>				23b. ADDRESS 1515 Lafayette Ave.,		23c. DATE SIGNED 3/1/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/3/49		24c. NAME OF CEMETERY OR CREMATORY Lakewood Park Cem		24d. LOCATION (City, town, or county) (State) St. Louis County	
DATE REC'D BY LOCAL MAR 1 1949		REGISTRAR'S SIGNATURE <u>J. B. Lasater</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. B. ...</u>		ADDRESS 1926 Allen Av	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

Student Embalmer No.

working under my personal supervision.

Signed

Bing O. Rancan

Signed
Student Embalmer

Licensed Embalmer No. 2272

P. O. Address 1926 Allen

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.